

For non-hospital based facilities, which modalities have been designated by the Centers for Medicare and Medicaid Services (CMS) as “Advanced Diagnostic Imaging” services and thus, must be accredited by 1/1/2012.

- 0% 1. MRI, CT and Ultrasound
- 0% 2. MRI, Nuclear Medicine/PET and CT
- 0% 3. MRI, Ultrasound and Fluoroscopy
- 0% 4. MRI, Fluoroscopy and CT
- 0% 5. MRI, Ultrasound and Nuclear Medicine/PET

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Reference: Center for Medicare and Medicaid Services website  
<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/AdvancedDiagnosticImagingAccreditation.html>

What are the ACR phantom performance guidelines for the percent image uniformity (PIU) and low-contrast detectability (LCD) for 3T and 1.5T systems, respectively?

- 0% 1. PIU=87.5%(3T) and 82%(1.5T), and LCD guidelines are the same
- 0% 2. PIU guidelines are the same, and LCD = 37(3T) and 9(1.5T)
- 0% 3. PIU= 87.5% (3T) and 82%(1.5T), and LCD = 37 (3T) and 9 (1.5T)
- 0% 4. PIU= 82%(3T) and 87.5%(1.5T), and LCD 37(3T) and 9(1.5T)

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Reference: ACR website [www.acr.org](http://www.acr.org)

<http://www.acr.org/~/media/ACR/Documents/Accreditation/MRI/LargePhantomGuidance.pdf>  
<http://www.acr.org/~/media/ACR/Documents/Accreditation/MRI/SmallPhantomGuidance.pdf>

In regard to ACR Breast MRI accreditation, only one of the following is correct?

- 0% 1. The MRI system must be a dedicated breast facility
- 0% 2. Routine QA does not require the use of a phantom
- 0% 3. The MRI field strength must be at least 1.5T
- 0% 4. No phantom images are required as part of the accreditation application
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<http://www.acr.org/~media/ACR/Documents/Accreditation/BreastMRI/Requirements.pdf>